## Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTI	₹ATIVE	<b>PROCEDURES</b>	NOTICE	FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER		BER				
Division of Medicaid	Margaret Wilson	601-359-5248						
ADDRESS 550 High Street, Suite 1000	CITY Jackson		STATE MS	ZIP 39201				
EMAIL SUBMIT DATE		Name or number of rule(s): Title 23: Medicald, Part 207: Institutional Long-						
Margaret.Wilson@medicaid.ms.gov	Term Care, Chapter 2: Nursing Facility, Rule 2.11: Resident Funds and Chapter 3: Intermediate Care Facility for Individuals with Intellectual Disabilities							
	OCT 3 1 2017	(ICF/IID), Rule 3.8: Resident Person		mtenectual Disabiliti	es			
Short explanation of rule/amendment/repeared and the Attorney General's opinion regarding known heirs.  Specific legal authority authorizing the promulist all rules repealed, amended, or suspender Facility, Rule 2.11: Resident Funds and Chapt Personal Funds.  ORAL PROCEEDING:	g the process of hand ulgation of rule: Miss ed by the proposed ru er 3: Intermediate Ca	roposing rule/amendment/repea Iling funds of residents of long-to issippi Code Ann. § 43-13-120, A ule: Title 23: Medicaid, Part 207 are Facility for Individuals with In	al: This admin erm care facil attorney Gene Institutional atellectual Dis	lities who die intes eral's Opinion I Long-Term Care,	state and leave no Chapter 2: Nursing			
An oral proceeding is scheduled for this rule on Date: Place:								
Presently, an oral proceeding is not scheduled on this rule.								
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.								
ECONOMIC IMPACT STATEMENT:								
☐ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.								
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TEMPORARY RULES	PROPOS	ED ACTION ON RULES	Pill Date Prop	NAL ACTION O	N RULES CT 0 5 2017			
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